

PSYCHOANALYSIS AND THE ART OF THE MENTALLY ILL

FORTUNE'S FAVORITE CHILD: THE UNEASY LIFE OF WALTER ANDERSON. By *Christopher Maurer*. Jackson: University Press of Mississippi, 2004, xxiii + 367 pp., \$35.00.

THE DISCOVERY OF THE ART OF THE INSANE. By *John M. MacGregor*. Princeton: Princeton University Press, 1989, xix + 390 pp.

ARTISTRY OF THE MENTALLY ILL. By *Hans Prinzhorn* (1921). Translated by *Eric von Brockdorff*. New York: Springer Verlag, 1972, xxi + 274 pp.

A MENTAL PATIENT AS ARTIST: ADOLF WÖFLI. By *Walter Morgenthaler* (1922). Published as *MADNESS AND ART: THE LIFE AND WORK OF ADOLF WÖFLI*. Translated and edited by *Aaron H. Esman*. Lincoln: University of Nebraska Press, 1992, xvii + 131 pp.

PSYCHOANALYTIC EXPLORATIONS IN ART. By *Ernst Kris*. New York: International Universities Press, 1952, 385 pp.

The recent publication of *Fortune's Favorite Child* by Christopher Maurer raises again the old question of the relation between creativity, particularly in the visual arts, and mental illness—or, in the literature of an earlier era, “madness.” The issue, which goes back at least to the days of Plato and Aristotle, has enjoyed particular currency in recent years because of the rise in popular interest in so-called “outsider art” or, in the term fashioned by the French painter Jean Dubuffet, “Art Brut” (“raw art”). Although the scope of the designation “outsider” tends to be somewhat loose and broad, the term refers particularly to persons who are self-taught, outside the mainstream of what Dubuffet called “the art of the museums”; often eccentric and isolated, they are in many instances psychotic inhabitants of psychiatric institutions.

In certain crucial respects Walter Anderson, the subject of Maurer's informative and well-illustrated biography, deviates from this formula. Though little known in Northern climes, Anderson is something of a cult figure in the New Orleans region, with a museum wholly dedicated to his life and work in nearby Ocean Springs, Mississippi. He was a thoroughly trained and skilled artist in several media—painting, sculpture, and ceramics—and the scion of a socially prominent and well-to-do family. Unfortunately, he also happened to be mentally ill, with several hospitalizations and a history of unpredictable violence toward members of his family, not least his wife and his mother. The history of his illness and treatment and their relation to his creative activity is compelling, and both compares and contrasts with those of typical “outsiders.”

As John MacGregor, a psychoanalytically trained art historian, has shown in his magisterial study, *The Discovery of the Art of the Insane*, psychiatric interest in the artistic products of the mentally ill arose only in the late nineteenth century, pioneered by the Italian psychiatrist, anthropologist, and criminologist Cesare Lombroso. Earlier observers like Pinel and Benjamin Rush¹ had commented on the occasional emergence of such spontaneous artistic efforts and on the impact of mental illness on the work of established artists, but it is Lombroso, dedicated to the propagation of his thesis that genius is a form of “moral insanity,” who in 1880 published “L'Arte nei pazzi” (“The Art of the Insane”), an article based largely on his own collection, which still survives in the museum he built in Turin. Lombroso postulated a number of features that in his view characterize such works, but he was preoccupied by formal and descriptive criteria and made no effort to address their content, their possible meanings, or the motives that inspired their creation. Above all, they were for him fodder for his argument about the centrality of “moral degeneracy” in the genesis of artistic genius.

MacGregor identifies a number of psychiatrists of the period (mostly French) who undertook to till this field, but it was not until the early 1920s that its modern study can be said to have begun, and

¹“From a part of the brain being preternaturally elevated, but not diseased, the mind sometimes discovers . . . certain talents it never exhibited before. . . . Talents for eloquence, poetry, music and painting, and uncommon ingenuity in several of the mechanical arts, are often evolved in this state of madness. . . . Two instances of a talent for drawing, evolved by madness, have occurred within my knowledge” (Rush, writing in 1812, cited in MacGregor, pp. 29–30).

the influence of psychoanalysis been felt. In 1922 the German psychiatrist Hans Prinzhorn published his copiously illustrated treatise *Artistry of the Mentally Ill* (*Bildernei des Geisteskranken*), derived from his study of the huge collection of materials he had assembled from psychiatric hospitals all over central Europe—a collection, miraculously spared from destruction by the Nazis, that can still be seen at the Department of Psychiatry of the University of Heidelberg. Trained in philosophy and art history, Prinzhorn was open to new currents in psychiatric thought, particularly those of Bleuler and Jung.

Though like Lombroso Prinzhorn concerned himself primarily with formal considerations, he insisted, unlike Lombroso, that there was no “art of the insane” as such—that there were no specific characteristics that differentiate it from the art of the museums, but that the work of the mentally ill reflects universal drives for “configuration” (a complex concept involving, among other things, the need for symbol formation), for form-making, for emotional expression, and for communication. He was concerned primarily with the influence on the artists’ productions of the psychotic (or “schizophrenic”) process, and though he provided brief biographies of several patients whose creative work he discussed in detail, he made no effort to relate its content to their psychic lives. “Psychoanalysts,” he wrote, “have made repeated attempts to use pictures by persons under analysis as aids in the analysis. . . . the pictures which have resulted have so far been interesting only for their contents and have been inconsequential as configurations. . . . [For the study of configuration] the artist’s private life and experiences are not relevant” (p. 262).

Artistry of the Mentally Ill had an enormous and immediate influence on artistic circles in Europe. Avant-garde artists like Max Ernst, Paul Klee, and Alfred Kubin studied and were inspired by it; André Breton and the Surrealists, strongly influenced by their reading of Freud, found Prinzhorn’s comparisons of the art of the mentally ill with so-called “primitive” (i.e., “tribal”) art and children’s drawings fascinating and congenial to their ideas about the “primitive” and unconscious wellsprings of creativity. In his introduction to the English translation, James Foy notes that Freud’s Swiss friend and colleague Oskar Pfister wrote an enthusiastic review, but complained that Prinzhorn did not pursue the depth-psychological approach to understanding of his subjects that psychoanalysis could have offered.

In fact, in the year preceding Prinzhorn’s publication the Swiss psychiatrist Walter Morgenthaler came forth with a book that did

something of the sort. In 1921 he published *A Mental Patient as Artist* (*Ein Geisteskranker als Künstler*), a comprehensive study of a single patient at Bern's Waldau Asylum named Adolf Wölfli. Morgenthaler provided a detailed biography of his patient, whom he identified by name,² together with a thorough psychiatric history, extensive quotations from Wölfli's autobiographical writings and flamboyant literary productions, and generous illustrations of his extraordinary drawings and musical compositions (see Figure 1).

Wölfli (1864–1930), now widely regarded as the most gifted of outsider artists, was a Swiss peasant orphaned at eight, shifted from one abusive foster home to another, and minimally educated until sixteen, when he went off on his own as an itinerant farm laborer. After his second arrest for attempting to sexually molest a child, he was declared insane and sent to the Waldau in 1895, where he remained until his death. Profoundly psychotic, often violent, he was diagnosed as schizophrenic and was held in solitary confinement for several years. In 1904, when his acute psychosis had to some degree subsided, he suddenly and quite spontaneously began to draw, initially in pencil, later in colored pencils, a medium of which he achieved remarkable mastery. His intricately composed and richly colored drawings, of which he produced thousands over the course of twenty-five years, were generally backed by grandiose and often incomprehensible pseudo-autobiographical texts that supplemented his written account of his life history. In his chapter about Wölfli, MacGregor says "all of his work could be understood as an allegorical reconstruction in art of his infancy and childhood" (p. 211). Morgenthaler noted that Wölfli was happy only at his drawing table, and fiercely resisted any effort to divert or distract him from it.

In his efforts to understand Wölfli's art, Morgenthaler sought to integrate Bleulerian ideas about schizophrenia (autism, infantilism, undisciplined imagination) with the details of his patient's life experience and with then-current psychological and art-historical concepts. It is striking how some of the views he advanced resonate with—even anticipate—the ego psychological concepts put forward by psychoanalysts a generation later. For instance, his notion of the mystical descent of the artist into the "irrational substratum" (Worringer) or the

²Morgenthaler finessed the ethical problem here by contending that he was discussing an artist who happened to be a mental patient, rather than the reverse, the title of his book notwithstanding.



Figure 1
ADOLF WÖFLI (1915)
THE SEVEN-HEADED CAT ON THE ORANGE TREE
Private Collection

“original thought-feeling” (Jung) surely prefigures Ernst Kris’s concept of “regression in the service of the ego” (1952); similarly, the idea of “objectivity functions,” which he borrowed from the philosopher Hermann Ebbinghaus, evokes connections with Heinz Hartmann’s ideas about “autonomous ego functions.”

In point of fact, and as I have pointed out elsewhere (Esman 2004), Kris had little regard for the aesthetic value of the spontaneous artistic products of the mentally ill. He dealt with this question in three early papers eventually collected in *Psychoanalytic Explorations in Art* (1952). He was firm in his conclusion that whatever value such works might have as clinical documents, they were inevitably of little artistic merit. “When we speak here of the ‘art’ of the insane,” he wrote, “we are not considering aesthetic values, but merely recognizing the fact that the productions are ‘of the nature of art’” (1952, p. 151). Given his earlier training in classical art history, his critical approach to such productions was directed almost entirely to their creators’ capacity to accurately represent visual and consensual reality, under the mastering influence of the ego. Like his friend and mentor Ernst Gombrich, he had little patience with modern art, given what he considered its “distortions,” which tended to “go too far.”

Kris shared the view, prevalent at the time he was concerned with this issue, that the psychotic was totally withdrawn from the object world and that his ego was so broadly impaired as to make integrated creative work impossible—that his regression was entirely in the service of the id. But in the work of Wölfli, Henry Darger, and other chronically mentally ill outsider artists there is ample evidence of ego control and mastery in the technical use of their chosen medium, in the formal organization of their products, in the creation of a consistent and easily recognizable personal style, and, particularly in Darger’s case, the development of an extended narrative content. Further, it is clear that Wölfli, for one, was very much aware of the “real” world, such that he often incorporated aspects of it in his drawings and collages, and that Darger, isolate that he was, carefully labeled what MacGregor calls his “collage-drawings” for his imagined audience, often addressing them directly, even playfully (“The Vivian girls are hiding. See if you can find them”).

The case of Walter Anderson (to which we shall return) confronts us with the problem of the effect of mental illness on the work of accomplished artists who are technically trained and skilled. In a

particularly rich chapter, MacGregor recounts the story of the English Victorian painter Richard Dadd (1817–1886), hospitalized at the age of twenty-six at Bethlem Hospital in 1844 after having, in a paranoid rage, murdered his father and attempted to murder another man. Already known in the London art world, Dadd resumed painting and drawing within a year of his hospitalization, with the same skill and technical proficiency as before, despite the persistence of his delusional ideas. It became generally known that he had returned to his art, and it was widely assumed that his new work must in some way reflect his “madness.” In fact, it did not; the “mad painter of Bedlam” produced the same sort of exquisitely detailed, meticulously executed fairyland images that had made his work popular before the emergence of his psychosis. In doing so he served to confirm the observation of the Dutch psychiatrist Plokker (1965), who noted that “professional artists and trained amateurs who have become the victims of the schizophrenic process continue to work in their old styles in almost all cases. They can stick for a long time to the subjects they previously painted. . . . Some retain their former technical skills for a very long time” (p. 148). As we shall see, this dictum applies fully in the case of Walter Anderson.

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An unruly, irritable, and friendless boy, Bob (as Anderson was known in his family) early made it clear that his interests lay solely in art and the study of nature. From early adolescence he was given to solitary boat trips to barrier islands in treacherous coastal waters, a practice that remained a leitmotif of his adult life. At nineteen he was sent north to study art, first in New York, which he hated, and then for four years in Philadelphia, which he found more congenial but where, again, he made no friends. In 1927 a traveling grant permitted him to spend a year in France, where he fell under the influence of the mystic Gurdjieff, who later became a significant figure in his delusional system. On his return he energetically courted and finally married a young woman of similar background; with her he began (especially if sexually frustrated) to demonstrate the impulsive violence and paranoid ideas that, along with his increasing isolation and suicidal thinking, ultimately led to his breakdown and his first hospitalization, in March 1937, at the Phipps Clinic at Johns Hopkins, then, under Adolf Meyer’s direction, considered the most prestigious psychiatric hospital in the country.

Maurer was apparently given full access by Phipps to Anderson’s clinical case records (the ethical issue here will not be discussed).

Described there as violent, generally mute, and resistant to treatment for a year, he was considered by Meyer to have been the most difficult patient in his experience. Only after a successful course of the new experimental Metrazol shock therapy did he begin to emerge from his acute psychosis and to draw as he had before his breakdown. Discharged (Meyer thought prematurely) six months later, he returned home and resumed his art work, interspersing it with long solitary trips to his favorite island, where he spent days, even weeks, alone under the most primitive conditions, drawing the local wildlife. Over the next decade there were repeated hospitalizations, generally precipitated by violent attacks on his wife or his mother. For the last fifteen years of his life he managed to avoid further psychiatric care, largely by solitary travel and by isolating himself on his island for ever increasing periods, producing hundreds, even thousands, of drawings and watercolors of great beauty and technical refinement. In addition to eloquent self-portraits (see Figure 2), he produced rich and affecting portraits of his children, whom in fact he saw infrequently and whom he paid to pose for him.

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What, then, can we learn from these two accounts of what Prinzhorn called “the artistry of the mentally ill”? Despite the profound differences in nationality and culture, in social class and family background, in childhood experience, education, and social support, and in the character of their creative products, there appear to be significant parallels to be drawn between them. Both had lonely and troubled childhoods, essentially cut off from usual social intercourse. Both suffered psychotic breaks in their early thirties, marked in each case by violence and uncontrolled sexual impulsions. Each spent the bulk of his adult life largely cut off from interpersonal contact—Wölfli in the Waldau, Anderson on his beloved Horn Island; in both cases their isolation, compelled in Wölfli’s case, self-determined in Anderson’s, encouraged a prolific outpouring of remarkable graphic work.

Each lived in an alternative reality. Wölfli created one of delusive grandiosity, in which he was no mere hospitalized psychotic child molester, but St. Adolf II, beloved of God the Father and St. Mary and an infinitely rich world traveler. Anderson chose a life given to intense communion with his natural island environment, in preference to what he called “the dominant mode ashore.” As his son John says, “At a very early age Walter Anderson began seeking a more natural reality, a more human reality than the one most people live in” (Maurer, p. xxiii). Ironically, his “more human reality” entailed a massive withdrawal



Figure 2
WALTER ANDERSON
SELF-PORTRAIT (c. 1955)
The family of Walter Anderson

from human contact and a preferential absorption in and devotion to the nonhuman world.

Innate talent and technical facility aside, it seems clear to me that the artistic work of these two men, so different in many ways, was significantly determined by unconscious motivations they had in common. Both, I believe, were engaged in intense efforts to maintain, through their art, contact with the object world in the face of powerful regressive pressures toward dissolution of their object ties (thus, Anderson's search for a "more natural reality"). At the same time, their urgent, even compulsive, quest for formal structures (Prinzhorn's "configuration") served them in their desperate struggle to maintain or to reinstate coherence and order to their fragmented and chaotic inner lives. In this sense their art was, in Kris's terms, both "restitutive" and "communicative"—directed toward both internal repair and communion with an audience, real or imagined.

It is to be noted that both Wölfli and Anderson, along with such other mentally ill artists as Richard Dadd, Vincent van Gogh, and the outsiders Martin Ramirez, Aloise Corbaz, and Carlo Zinelli, were treated in an era when lengthy, even lifelong, hospitalizations were the rule, and no effective therapies were known. Unlike most of these, Anderson had the benefit of an affluent and supportive family that enabled him to live and work outside the hospital for many years. Today, of course, we live in a totally different psychiatric world; brief hospitalizations and powerful antipsychotic drugs have transformed the ecology of mental illness in ways that make far less prevalent the conditions that in the past favored the rare emergence of the spontaneous artistic productions of psychiatric patients. The Viennese psychiatrist Leo Navratil (1983) has shown that the administration of typical antipsychotic drugs can have a significant stifling effect on the creativity of such individuals; from that point of view it may be thought fortunate that, following his last hospitalization in 1950, Anderson refused to take the medication (probably Thorazine) that had been prescribed for him. Apparently through his absorption in his work, his opportunity for an isolated life, and a tolerant and understanding family ("Bobby will be Bobby," said his mother after one of his assaults on her) he was able to maintain a degree of balance and self-regulation that escaped him in earlier years. (Curiously, both he and Wölfli died of cancer in their mid-sixties, Wölfli of gastric carcinoma, Anderson of lung cancer.)

“Configuration,” form-making, expression, communication—these are the motivating forces that Prinzhorn proposed as the determinants of all artistic effort. The cases of Wölfli and Anderson would seem to bear him out. Whatever the style and content of their works—abstract, figurative, realist, fantastic—artists, whether “normal” or mentally ill, seem to be driven to their creative efforts by similar aims. We know that only a tiny percentage of mental patients have been impelled spontaneously (i.e., outside of art therapy programs) to create works that, even in Kris’s deprecatory definition, are “of the nature of art.” But the same can be said of the proportion of artists in the general population; it is their very rarity that makes us wonder at the achievements of the masters of “the art of the museums.” We are confronted, once again, by the imponderable problem of talent, not to speak of “genius”; psychobiography and pathography are, as Prinzhorn contended, of only limited help in our efforts to understand the role played by constitutional or genetic endowment in the creative process. We seem, that is, to be today pretty much where Freud (1921) was long ago, when he wrote, “Before the problem of the creative artist analysis must, alas, lay down its arms” (p. 177). Perhaps some day the neurobiologists will help us to go further.

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